

**Advisory Council on Health Disparity and Health Equity (ACHDHE)
January 9, 2018 Meeting Minutes**

**Virginia Department of Health (VDH) Central Office Madison Building
109 Governor Street, Richmond, VA 23219
Dogwood Conference Room– 11:00 a.m. - 2:00 p.m.**

Attended in Richmond: **Marissa J. Levine**, MD, MPH, FAAFP; **M. Norman Oliver**, MD, MA; **Lauren R. Powell**, PhD, MPA; **Patti Kiger**, M. Ed; **Luisa F. Soaterna-Castaneda**, BS, MPH; **Linda Lee Redmond**, PhD; **Keisha L. Smith**, MPA; **Nia Harrison**, MPP; **J. Elisha Burke**, M. Div., D. Min. **Nia Harrison**, MPP; **Augustine Doe**, MS, MPA; **Tanai Holcombe-Iroins**

Attended Via Polycom/Phone: **Maia McCuiston Jackson**, MD, FAAP; **Melody Armstrong**, MPA, BSN, CPHRM;

Did Not Attend: **Kate S. K. Lim**, MT, (ASCP), FACHE, CPHQ; **Elizabeth Locke**, PhD, PT; **Kathryn E. MacCormick**, MSc; **Emmanuel Eugenio**, MD, FAAP; **Karen Reed**, MA, CDE

WELCOME

ACHDHE Chair, Ms. Luisa Soaterna, introduced herself and requested the participants to introduce themselves prior to calling the meeting to order.

ADOPTION OF AGENDA

The January meeting agenda was approved with a few adjustments.

APPROVAL OF MINUTES

The minutes for the October 10, 2017 meeting were approved with minor edits.

ACHDHE RECOMMENDATIONS TO THE COMMISSIONER

On behalf of the ACHDHE Vice-Chair, Ms. Patti Kiger read and delivered the ACHDHE's recommendations from the October 2017 meeting to Dr. Marissa Levine, State Health Commissioner.

STATE HEALTH COMMISSIONER'S UPDATES

Dr. Levine thanked the ACHDHE for their recommendations and feedback. She also introduced the new Director of Office of Health Equity, Dr. Lauren Powell.

Dr. Levine shared an example of how Richmond City has received national recognition for efforts addressing disparities through active participation of non-traditional public health partners like the financial sector. She noted that as a way of furthering the work done by the City of Richmond, Dr. Danny Avula, Richmond City Health Director has been speaking with other health directors and partners in the Commonwealth of Virginia. In addition, she noted that that the partnership the City of Richmond Health Department has with the housing authority essentially has led to the establishment of resource centers in multiple housing units. She noted that Community Health Workers are the pillars for the current initiatives in Richmond City. Dr.

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Levine shared that during the 2018 General Assembly session, a bill to create certification status for Community Health Workers will be considered.

Dr. Levine discussed the opioid addiction crisis as an important public health issue and an on-going challenge for many communities. She listed four of the priorities of the governor-elect, the Opioid crisis, financial access to medical care, K-12 education and workforce development.

An article published by the United States Department of Health and Human Services (DHHS) ranked Virginia number forty in the country with mental health issues; an indication that we still have a lot of work to do, Dr. Levine shared. Collectively, Virginia needs to help build resilience in children, youth and adults. She further shared that Medicaid expansion is necessary and that it should include community capacity building that is critically significant to fostering and maintaining healthcare for everybody.

“Update on Virginia’s Plan for Well-Being”

Dr. Norman Oliver, Deputy Commissioner for Population Health, VDH

Dr. Oliver presented an overview of Virginia’s Plan for Well-Being and progress towards achieving its goals. Highlighting outcomes so far, Dr. Oliver provided data that shows that Virginia improved its national rank from 21st place in 2015 to 19th place in 2016 (with 1st place being the best). He indicated that Virginia’s goal is to become the healthiest state in the nation. Further, Dr. Oliver discussed some of the drivers of the plan and progress made as well as areas that need improvements. Dr. Oliver used the City of Richmond as an example to demonstrate that within short distances, health outcomes (life expectancy) show huge disparities. He shared additional data and maps of Richmond City to further indicate the disparities in life expectancy within communities that are short distances apart.

“Virginia’s 2018 Legislative Updates”

Joe Hilbert, Director of Governmental Affairs

Mr. Hilbert discussed some of the key elements of the Governor’s budget that may impact the health of Virginians. He shared that the Governor’s bill provides six million dollars in Temporary Assistance for Needy Families (TANF) funding in each year of the biennium to increase access to Long Acting Reversible Contraception. The proposed budget also includes money to fund an electronic health record system for VDH, he shared.

Mr. Hilbert discussed the Cooperative Agreement Legislation. Approved on October 30, 2017 by the State Health Commissioner, the Cooperative Agreement allows Mountain States Health Alliance and Wellmont Health Systems to merge while being immunized from state and federal anti-trust liability.

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The Code of Virginia provides for fees of up to \$75,000 per year to be paid by the recipient of a letter authorizing a Cooperative Agreement to address the active, ongoing supervision of a Cooperative Agreement.

Mr. Hilbert discussed the transition of onsite sewage evaluation and design services to the private sector over a 5-year period. The bill proposes that VDH will provide services as a last resort for low-income property owners who demonstrate a hardship in obtaining private sector services. Also a bill to support certification of Community Health Worker (CHW) will be introduced at the Virginia General Assembly this year. The following questions and responses were discussed:

- ACHDHE member:
 - Is the \$500,000 proposed for the Virginia Association of Free and Charitable Clinics a new amount of funding?
- Mr. Hilbert:
 - Yes, it is a new amount of funding.
- ACHDHE member:
 - How will VDH communicate the transition of onsite sewage evaluation and design services is for low-income property owners that demonstrate a hardship in obtaining private sector services to get permits?
- Mr. Hilbert:
 - We're going to have to come up with a communication plan and the local health departments will be integral in helping us to make that happen.
- ACHDHE member:
 - Will this transition facilitate more onsite inspections?
- Mr. Hilbert:
 - Yes, Mr. Hilbert indicated. Unlike the current process that concludes our involvement after the initial inspection, the new process adds quality control.
- ACHDHE member:
 - Will the proposed Community Health Workers legislation include Medicaid reimbursement?
- Mr. Hilbert:
 - No, Mr. Hilbert indicated. A bill to support certification was required before seeking Medicaid reimbursement and that bill will follow in a subsequent year, Mr. Hilbert concluded.

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PRESENTATION

“Office of Epidemiology: Comprehensive Harm Reduction (CHR) for Persons who Inject Drugs”

Elaine Martin, Director, HIV Prevention Services, Division of Disease Prevention

Ms. Martin explained that harm reduction is “a range of strategies and activities designed to lessen the negative social and /or physical consequences associated with various human behaviors, both legal and illegal.” She said that we use harm reduction regularly to reduce the risk of injury or illness associated with driving or eating. Flu vaccine reduces harm. She cited that comprehensive harm reduction for people who inject drugs includes distribution and collection of needles and syringes, distribution of supplies needed for safer injection (cookers, cotton, alcohol wipes, antibiotic ointment, etc.) condoms and other measures.

She discussed stigmas surrounding addiction—that addiction is seen as a weakness or moral failing rather than a disease. Significant stigma and misunderstanding persists around comprehensive harm reduction (CHR). During the General Assembly last year, the question was asked, “Why don’t people just stop using drugs?” While CHR is not a new concept, it is new to Virginia. Ms. Martin explained that evidence supports that harm reduction does not create new drug users or crime, rather it decreases needle sticks for first responders and increases entry into drug treatment. Ms. Martin stated that this is their ultimate goal. Ms. Martin explained that CHR is happening now in Virginia because of the major opioid epidemic, the tremendous spike in Hepatitis C (especially in rural areas), the HIV outbreak in rural, resource-poor communities, and vulnerable counties in Virginia identified by the Centers for Disease Control and Prevention (CDC).

The Comprehensive Harm Reduction Act (*Code of Virginia Section 32.1-45.4*) July 1, 2017, “authorizes the State Health Commissioner to establish and operate local or regional comprehensive harm reduction programs during a public health emergency.” It further states, “such programs shall be located in communities where data indicate a risk of transmission of, or increases in the transmission of, HIV, viral hepatitis, or other blood-borne disease because of injection drug use.” Other components of this law authorize persons, not otherwise authorized by law, to dispense and distribute hypodermic needles and syringes. The law does not protect participants from existing paraphernalia and drug possession laws and it requires that supplies be obtained from a comprehensive harm reduction program (a form of ID is required for participants).

Ms. Martin discussed criteria to establish eligibility for CHR Virginia localities. The eligibility criteria include new hepatitis C cases, new HIV cases, fatal overdoses due to heroin/fentanyl, fatal overdoses due to prescription opioids, poverty, unemployment, prescription opioid volume, rates of buprenorphine prescriptions, ER visits due to heroin overdose, ER visits due to prescription opioid overdose, Naloxone administration rates, drug treatment admissions to public drug treatment programs, and drug/narcotic arrests. Further, she shared that there are 55 eligible cities and counties who would be qualified to apply for Comprehensive Harm Reduction Services. She stated that the application process must include: letters of support from local government, law enforcement and the local health department, a work plan, a safety

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plan, and a description of how the agency will provide all of the required services. After submission, a VDH Committee will review the application, complete a pre-authorization site visit, and complete along Commissioner Authorization as well as a Post Authorization site visit within 30-60 days after beginning operation, Ms. Martian shared.

Further, Ms. Martin shared that no application has been received, to date. She called for the need of law enforcement support for this program to be successful. Ms. Martin shared AIDS United awarded \$5,000 to VDH for community mobilization and training, and a Drug User Health Coordinator position was created to support this program. Institute for Public Health Innovation (IPHI) was awarded a two-year grant of \$40,000 for supplies on behalf of several service providers, Ms. Martin shared. The following questions and responses were discussed:

- ACHDHE member:
 - Are the localities required to meet all the criteria?
- Ms. Martin:
 - VDH reviews all the criteria, scores them, and then totals the scores. Scores within a determined standard qualify based on the sum scores of all the categories.

Dr. Lauren Powell, Director, Office of Health Equity

Dr. Powell reviewed the mission and vision of the Office of Health Equity while outlining some key program areas. Recognizing the capabilities and strength of collaborative partnerships internally and externally as one of the critical components of Virginia's Plan for Well-Being, and ultimately the attainment of population health, she expressed interest in OHE having more integrated involvement in communities in Virginia and nationally.

UPDATES

Keisha L. Smith, New: Area Health Education Centers (AHEC) Scholars Program

Ms. Smith, Executive Director of Virginia Health Workforce Development Authority (VHWDA) shared that her organization is planning an upcoming interprofessional initiative: AHEC Scholars Program that will include 40 hours of training on six core topic areas. VHWDA is working with medical schools, nursing programs, and health profession schools in scouting innovative program development and implementation strategies. The team will also be working with OHE workforce incentive program staff.

Public Comment

- No public comments were made.

The meeting was adjourned at 1:55 pm.

Next ACHDHE MEETING: Tuesday, April 10, 2018.

Time: 11:00am – 2:00 pm

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Location: Mezzanine Conference Room, VDH Central Office, 109 Governor Street, 233219 or via Polycom upon request.

Respectfully submitted by:

Augustine Doe, Health Equity Specialist

Minutes reviewed by:

Ms. Luisa Soaterna-Castaneda, Chair

Ms. Patti Kiger, Vice Chair